

FILED DEC 16 1957		THE DIVISION OF HEALTH OF MISSOURI		STANDARD CERTIFICATE OF DEATH		44003		STATE FILE NUMBER	
Registration District No. 118		Primary Registration District No. 5437		Registrar's No. 40					
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bourbois Twp.				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Owensville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home				Length of stay in lb 60 yrs.		d. STREET ADDRESS Route 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Theodor Carl Nowack				4. DATE OF DEATH Month Day Year 12-9-1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-10-1869		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Bem, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Ferdinand Nowack				13b. MOTHER'S MAIDEN NAME Adline Grunke		14. NAME OF HUSBAND OR WIFE Marie Paneitz Nowack			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 487-30-6410		17. INFORMANT Address Mrs. Anna Bruens Owensville Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X								INTERVAL BETWEEN ONSET AND DEATH 9 days 5 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12-1-57 to 12-9-57 and last saw him alive on 12-8-57 Death occurred at 10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Paradise Brenner, M.D.				(Degree or title)		22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 12-10-57	
23a. BURIAL, CREMATION, or REMOVAL (Specify) burial		23b. DATE 12-12-1957		23c. NAME OF CEMETERY OR CREMATORY St. Johns E & R Cemetery		23d. LOCATION (City, town, or county) Bem, Mo.		(State)	
24. FUNERAL DIRECTOR Milford H H Winter				ADDRESS OWENSVILLE		25. DATE RECD. BY LOCAL REG. December 12, 1957		26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.